



California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8818
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Date: 10/15/2009

Permit #: LSE99043

Time of Day: 12:21 PM

Name as shown on permit: **VETERANS HOME OF CALIFORNIA**

Address: 123 CALIFORNIA DR

City: YOUNTVILLE

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1. CCR 1751.5 Parenteral Therapy - Training of Staff, Patient, and Caregiver
(b) in that at the time of inspection the annual training and validation processes were incomplete for the last 12 months. Complete sterile compounding competencies for the staff.
2. CCR 1751.7 Quality Assurance
(b) in that at the time of inspection the persons allowed to sterile compound did not have current process re-validations using microbial growth media within the last 12 months. Re-validate sterile compounders and submit test schedules and results.

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign) Brandi Barnard

Signed

Michael P. Traverso RPh

Inspector (print) Brandi Barnard

Print Name

MICHAEL P. TRAVERSO RPh

Date

10/15/09

Title

Pharmacy Manager - POC

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

Process validation results for sterile compounders

Training records



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INSPECTION REPORT

Pharmacy _____ Hospital Pharmacy _____ Clinic _____ Exempt Hospital X _____ Wholesaler _____ Hypodermic _____

Date: 10/15/2009 Inspector: Brenda Barnard

Firm: VETERANS HOME OF CALIFORNIA Phone: (707) 944-4616

Address: 123 CALIFORNIA DR City: YOUNTVILLE Zip: 94599

Ownership: GOV OWNED

Permit #: HPE19563 LSE99043 Permit Exp: 11/1/2009 DEA#: AV3310517 DEA Exp: 5/31/2010

Date of Self Assessment Form: 8/24/2009 Other Permit #: N/A Date of DEA Inventory: 5/13/2008

Hours M-F: 0730-1800 Hours Saturday: 0800-1630 Hours Sunday: closed

PIC MICHAEL P TRAVERSO RPH28738 Administrator _____

RPH Consultant _____

Staff	RPH Name:	License #:	Staff Name:	License #:
	<u>ARTHUR C HEMPHILL</u>	<u>RPH28240</u>	<u>JEANINE M BURNETT</u>	<u>TCH15843</u>
	<u>RONALD A BRUNSWICK</u>	<u>RPH31482</u>	<u>LEONORA C PAPA</u>	<u>TCH68409</u>
	<u>AZARDOKHT M MORTEZAIE</u>	<u>RPH36308</u>	<u>CHARNEL J EMERY</u>	<u>TCH49427</u>
	<u>THOMAS E RICHMOND</u>	<u>RPH38171</u>	<u>STELLA JOY FALCONITIN</u>	<u>TCH20900</u>
	<u>DAVID J MARKS</u>	<u>RPH45079</u>	<u>NANCY D HERNANDEZ</u>	<u>TCH23617</u>
	<u>PAOCHAI CHAYANGKON</u>	<u>RPH44233</u>	<u>CAROL L WOHLER</u>	<u>TCH26841</u>
	<u>SING L HSU</u>	<u>RPH59740</u>	<u>JULIE A BRAZZI-HONSVICK</u>	<u>TCH32863</u>
	<u>CHI-CHWEN LIAO</u>	<u>RPH46770</u>	<u>JAYLENE M BINSTOCK</u>	<u>TCH73691</u>
	<u>JOSE J AMADOR</u>	<u>RPH40008</u>		



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INSPECTION REPORT

Inspector Remarks:

LSC REINSPECTION CONDUCTED

1. COMPOUNDING AREA INSPECTED- Hood certified 11/14/2008; separate compounding area; cleanable and non porous.
2. NO CYTOTOXIC DRUGS PREPARED
3. LABELING REQUIREMENTS- Reviewed
4. RECORD KEEPING REQUIREMENTS- Reviewed
5. PROTECTIVE CLOTHING- Reviewed
6. TRAINING OF STAFF, PATIENT AND CAREGIVER- Video, visual, process validations in place; however, not completed within last 12 months.
7. DISPOSAL OF WASTE MATERIAL- Reviewed
8. QUALITY ASSURANCE- hood cleaning, refrigeration, certification (make sure TSS indicates level of certification on report, e.g. ISO 5), Process validations and training over one year old.
9. POLICIES AND PROCEDURES
10. REFERENCE MATERIALS

PHYstatus@dca.ca.gov-email for licensing and renewal questions

CDPH license 150000494, 11/14/2009

536 SNF and Intermediate Care.

Discussed licensure as HPE and change to PHE; CDPH license for SFN.

*Complete the first three pages of the Community Pharmacy Application and indicate the facility is changing from a HPE to a PHE, there is no fee.

*Complete a Clinic Application and state CDPH exemption with the application.

Discussed dispensing, controlled substance blanks for institutions, pharmacy generated CII prescriptions.

Discussed E-Kits v. ward stock.

Discussed completion of Community Pharmacy Self-Assessment.

Discussed CURES transmission.

Official Receipt 50336

Licensee Remarks:

I have reviewed, discussed, understand and received a copy of this form.

Pharmacist (sign) Michael P. Traverso RPh

Pharmacist (print) MICHAEL P. TRAVERSO RPH

Inspector (sign) Brenda Barnard

Inspector (print) Brenda Barnard

Owner (sign) _____

Owner (print) _____

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